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BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

Y OF DUBLIN	☐ Administrative	Administrative Appeal (Code Section 153.231) Administrative Stream Corridor Protection Zone Building Construction				
Land Use and Long Range Planning 5800 Shier-Rings Road	Special Permit (Code Section 153.090) /5-653 Sp					
ublin, Ohio 4301 6-1236 ne/ TDD: 614-410-4600 Fax: 614-410-4747 Site: www.dublin.oh.us		☐ Variance (Code Section 153.231) ☐ Non-Use (area) Variance				
ing. www.dobia.or.or	Other (Please Specify):					
I. PROPERTY INFORMATION: This section must be completed.						
Property Address(es): 8282 Macha Court, Dublin, OH 43016						
Tax ID/Parcel Number(s):				Parcel Size(s) (Acres):		
390024022019			90×140			
Existing Land Use/Development: Vacant land						
IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:						
Proposed Land Use/Development: Parking lot for model home located on lot 3, Certic Crossing						
II. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.						
Name (Individual or Organization): Putte Hornes of Ohio, LLC						
Mailing Address: (Street, City, State, Zip Code) 4900 Tuttle Crossing blvd, Dublin, OH 43016						
Daytime Telephone: 614-376-1030 Fax: 614-761-1330						
Email or Alternate Contact Information: Patricia evans @ Putte. Com						
V. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. lease complete if applicable.						
Name: Applicant is				s also property owner: yes no		
Organization (Owner, Developer, Contractor, etc.):						
Mailing Address: (Street, City, State, Zip Code)						
Daytime Telephone:	Fax:					
mail or Alternate Contact Information:						





IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.							
the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.							
Signature of applicant or authorized representative: Patty Evans Date: 6/3/15							
State of OHO County of FRANKUIN Notary Public TRUM NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY OF THIS APPLICATION State of OHO Notary Public TRUM NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSHILLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE OF COUNTY NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPL							
FOR OFFICE USE ONLY							
Amount Received:	Application No:	BZA Date(s):	BZA Action:				
Receipt No:	Map Zone:	Date Received:	Received By:				
Type of Request:							
N, S, E, W (Circle) Side of:							
N, S, E, W (Circle) Side of Nearest Intersection:							
Distance from Nearest Intersection:							

Existing Zoning District:

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CITY OF DUBLIN

PLANNING



Mr. Brian Martin City of Dublin Land Use and Long Range Planning 5800 Shier Rings Road Dublin, OH 43016-1236

Dear Mr. Martin:

As per our conversation, attached is our Certificate of Zoning Plan Approval application and supporting documents for our model home site located in the Celtic Crossing Subdivision. As requested, below is a summary of the operation details for our model home.

- A. Number and type of employees with the maximum number of employees expected on site at any time: Maximum number of employees on site is estimated at three. Employees to include Sales Staff and Construction Staff.
- B. Days and Hours of Operation: Model home will be open seven days a week. Monday thru Saturday hours will be 10 am to 9 pm. Sunday hours will be 11 am to 6 pm.
- C. Duration: Two years or until community is complete.
- D. Proposed sign details including elevations with dimensions and site/landscape plans: Please see attached.
- E. Proposed structure details, including square footage and building materials and colors:

 New single family residence, 4 bedroom, 3.5 bath, 3 car garage, finished basement, including temporary sales office. Square footage: Basement-1,985 SF; 1st fl-1,985 SF; 2nd fl-1,818; Garage-676 SF; Porch-152 SF. Colors: Hardiplank Siding Iron Gray; Hardishake Monterey Taupe; Brick Cedar Creek; Shutters Gray; Shingles Dimensional weathered wood
- F. Parking and access provided for employees and customers: Please refer to BZA application for parking lot.

If you have any questions or need any additional information, please contact me at 614-376-1030.

Sincerely,

Patty Evans

Scheduling Resource Coordinator

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